

***USAID/Family Health and AIDS
West and Central Africa
(FHA-WCA)***

FY 2002 Results Review and Resource Request

Abidjan, Cote d'Ivoire

31 March 2000

Please Note:

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Memorandum

Date: 31 March 2000

To: Mr. Harry Lightfoot, Director, AFR/West African Affairs

From: Ms. Judith Robb-McCord, USAID/FHA-WCA Acting Program Manager

Subject: FY2002 R4 Submission

We are pleased to present the FY2002 Results Review and Resource Request for the USAID/Family Health and AIDS Prevention—West and Central Africa program. The program has exceeded all targets and continues to make significant progress towards increased sustainable use of selected, regional reproductive health, HIV/STI and child survival services and/or products in the WCA region.

As you are well aware, in July 1999, the Africa Bureau authorized a three-year extension for the FHA-WCA program, effective October 1, 2000 – September 30, 2003. In response to USAID/Washington's directive to expand our HIV/AIDS portfolio, the scope of work for the three-year extension outlines new areas of intervention in HIV/AIDS prevention and control in WCA. SFPS is designing a program of assistance that is framed by USAID guidance and the dynamics of the epidemic in WCA. Under the Life Initiative we are pursuing partnerships with CDC, UNAIDS and other key players in the region.

Three issues central to the effective implementation and continued success of the FHA-WCA program are: 1) the programmatic impact of the December 1999 coup d'etat in Cote d'Ivoire, 2) WARP SO2 and FHA-WCA program support for USAID bilateral health programs and other non-presence countries in the region, and 3) donor coordination.

USAID suspended all assistance programs in Cote d'Ivoire following the December 1999 coup d'etat as required by foreign assistance legislation. While activities in Cameroon, Togo and Burkina Faso continue, until a final determination on the provision of assistance is made, all of our bilateral activities and regional activities (such as PSAMAO) centered out of Cote d'Ivoire are on hold. FHA-WCA continues to pay contractors and grantees necessary expenses to remain in place (salaries, allowances, rent, etc.). Although we expect our HIV/AIDS and child survival activities to resume within the next two to three months under the humanitarian exemption clause, we do not expect our family planning activities to resume until well after elections scheduled for early October 2000. The delay in implementation for all activities will likely have a negative impact on our national and regional programs. Programmatic impact of the suspension

of assistance will be covered in the FY2003 R4.

Under WARP SO 2, FHA-WCA and SFPS will provide technical assistance and program support to bilateral missions and other non-presence countries. The FHA-WCA Management Unit and SFPS will actively network in the region to exchange information, enhance south to south technical support and identify where and how successful SFPS experiences and lessons learned can be effectively transferred to bilateral programs and to other non-presence countries. FHA-WCA will continue to network and share lessons learned with the Africa Bureau, the Global Bureau and the bilateral mission programs in the region to expand upon current points of collaboration and to identify programmatic synergies for future collaboration. Already we are seeing the fruits of our efforts with the recent signing of an MOU between PSI/SFPS and PSI/Benin to expand our cross-border HIV initiative into Benin.

Given SFPS' broad range of technical expertise and accessibility in the region, both USAID/Benin and USAID/DROC have transferred funds to SFPS cooperative agreements over the past two years for direct technical assistance. This successful arrangement represents a new way of doing business for USAID, strengthens program synergies and promotes cost efficiencies. FHA-WCA will continue to work with the bilateral missions to facilitate financing for technical assistance and, we will explore the feasibility of financing and/or cost-sharing activities involving the replication and/or adaptation of existing tools and approaches. SFPS will continue to welcome Mission buy-ins to their cooperative agreements for more extensive technical assistance. Dialogue with AFR/DP and the bilateral missions will facilitate this process and ensure that all parties are comfortable with this unique arrangement. FHA-WCA appreciates your assistance with this dialogue.

While FHA-WCA is well positioned to respond to requests for assistance in the region, e.g. the recent request for a team to travel to Mauritania to determine potential areas of support for HIV/AIDS, it is imperative that we work to establish criteria for technical support to other non-presence countries. This will ensure that our support is well targeted, that activities support the regional strategy, that we are working in areas where we have predominant capability, and that intended results are transnational.

Effective donor dialogue is key to the continued success of FHA-WCA. Over the past two years, FHA-WCA and SFPS leveraged approximately \$18.5 million for program activities in WCA. While efforts have been exceptionally successful, more remains to be done. USAID continues to fill contraceptive commodity gaps in Cameroon and Togo and has had to limit ORS distribution in Togo due to commodity shortages there. This issue has been addressed in USAID/W and we appreciate support from AFR for continued dialogue with other donor headquarters, particularly UNFPA and the World Bank, for commodities security in the region. USAID/W assistance with donor collaboration for other initiatives such as with CDC under the Life Initiative, WHO for the Rollback Malaria Initiative, and the World Bank for improved financing mechanisms for bank loans will contribute to successful resource leveraging and increased donor coordination.

Over the next several months, the FHA-WCA Management Unit will review the current results framework as per WARP SO2 and the three-year extension and may make minor modifications at the IR level. We will report on the same indicators in the FY2003 R4 but may develop new indicators that more broadly reflect our role under WARP SO2. These indicators will be reported on in the FY2004 R4.

We appreciate your support and look forward to new opportunities for collaboration in the region over the next four years.

Cc: Donald B. Clark, USAID/Senegal, Mission Director
Felix Awantang, USAID/Senegal, FHA Project Officer
Abdul Wahab, USAID/Mali, RST Team Leader

I. Overview and Factors Affecting Program Performance

West and Central Africa (WCA), one of the most vulnerable and complex regions in the developing world, has consistently underperformed in most indices of living standards when compared to other regions. Child mortality remains unacceptably high at 110/1000 live births and has recently shown a worsening trend in some countries. Maternal mortality is also very high at an average of 800 deaths per 100,000 live births. HIV/AIDS and other infectious diseases, such as meningitis and tuberculosis, pose acute threats to WCA and, due to the intense migratory nature of populations in the region, freely cross borders.

A major constraint to achieving and sustaining gains in the health sector in the WCA region is the weak implementation capacity of public and private sector organizations. Ministries of Health face great difficulties ensuring even minimal quality services. Health care providers remain poorly motivated, working within systems that are too inefficient to support the sustained delivery of quality services. Due to a pervasive lack of knowledge among the population about health care and modern family planning, demand for quality services remains weak. Lack of resources and capacity in the region and the transnational nature of the problems and constraints facing WCA nations call for the regional approaches embodied in USAID's Family Health and AIDS Prevention Program in West and Central Africa (FHA-WCA).

FHA-WCA was designed in 1994-95 by REDSO/WCA as a regional mechanism to continue reproductive and child health development assistance in WCA. The centerpiece of the program is the *Santé Familiale et Prévention du SIDA* (SFPS) project, implemented by a consortium of four U.S. Cooperating Agencies whose technical competence and profound knowledge of both the region and the dynamics of health sector development in WCA are key to the success of the program. SFPS activities are complemented by technical assistance from USAID/Global Bureau field support partners. FHA-WCA continues to benefit from high-level commitment of host country governments and is increasingly seen as a lead player in the region in promoting reproductive health.

Over the past four years, FHA-WCA has built upon the momentum of past U.S. development assistance in WCA by initiating a new way of doing business and partnering with regional stakeholders. Linking support for the institutional development of African organizations to the demonstration of people-level impact in the context of a regional approach is one of the program's most important features. This link has enabled FHA-WCA to develop a culture of performance-based programming among African partners, to better understand the potential benefits and limitations of African institutions, and to better position African organizations and experts in health program development, implementation, and evaluation.

FHA-WCA's wide customer base suggests that it is the largest and possibly most cost-efficient USAID effort in Africa. FHA-WCA addresses key transnational health issues throughout the region, supports continued improvement of service delivery in four focus countries where USAID no longer maintains a mission program (Burkina Faso, Cote d'Ivoire, Cameroon, and Togo), and strengthens regional initiatives by identifying and reinforcing program synergies. FHA-WCA promotes the institutional development of key Regional African Partner Institutions (RAPIs) across the region as well as national partner institutions, such as Ministries of Health and schools of public health in Benin and the Democratic Republic of Congo. FHA-WCA also lobbies the donor community for more robust, concerted, and effective use of resources for development in the health sector.

The four service delivery focus countries have a combined population of nearly 50 million, representing over half of the population of all countries in WCA where USAID does not have an active bilateral program. Services supported in the four countries are concentrated in urban and periurban areas, targeting approximately 7.5 million children under the age of five, 8 million men of reproductive age, and 8 million women of reproductive age, and are complemented by nationwide and cross-border social marketing of condoms, contraceptives, and oral rehydration salts (ORS).

FHA-WCA has made significant progress toward its objective to increase utilization of family planning and health services and/or products in the WCA region. Findings of Demographic and Health Surveys (DHS) in the four service delivery focus countries indicate that levels of use of modern contraceptives and ORS have risen significantly since the program's inception and are on track to reach or exceed five-year performance targets set for FY2000. A Behavior Surveillance Survey (BSS) conducted in program areas in 1998 found that condom use to prevent HIV transmission has also increased among populations targeted by FHA-WCA support.

USAID is a lead donor in family planning, having supplied contraceptives to the national programs in Cameroon and Togo and to NGO clinics in Cote d'Ivoire, and the impact of this emphasis is borne out by the DHS findings. Gains in the contraceptive prevalence rate (CPR) for modern methods among all women of reproductive age in the focus countries suggest that FHA-WCA is on track to achieve its aggregated target CPR of 10 percent by 2000. This represents an annual increase of one percentage point, the explicit program target, and a doubling of the baseline estimated for 1995. Among the four countries, 1998/99 DHS data show that CPR increased most dramatically in Cote d'Ivoire (from 5.7 percent in 1994 to 9.8 percent in 1998/99), Cameroon (4.2 percent in 1992, 8.0 percent in 1998), and Togo (3.4 in 1988, 7.9 percent in 1998). The trend in Burkina Faso, where USAID has provided less support for contraceptive supply, has been less dramatic but still positive (4.0 in 1993, 5.8 in 1998). All four countries are now poised to enter the "launch phase" of family planning programs, which corresponds to having a CPR of 8-15 percent, a significant achievement in the West African context and an explicit target of FHA-WCA's strategic plan for all of WCA through FY2003.

DHS findings also indicate that levels of use of ORS to treat children with diarrhea in the four focus countries have already exceeded the FHA-WCA target of 19 percent by FY2000. The aggregate ORS use rate of 21 percent for 1999, based on DHS findings of 15 percent in Burkina Faso, 17 percent in Togo, and about 23 percent in Cote d'Ivoire and Cameroon, will now form the baseline for program targets for the period through FY2003. Details on CPR and ORS data and methodology are available in the PMP.

FHA-WCA can demonstrate its role in bringing about these increases in service utilization through reporting on progress toward its three key intermediate results (IR). The program's successes in social marketing of ORS, contraceptives, and condoms for HIV/STI prevention clearly demonstrate increased access to and demand for these services, results that are essential to increases in service utilization. Results in capacity-building and donor coordination illustrate the region-wide impact of the program. Since 1995, FHA-WCA support has reached as many as twenty countries in the region, going well beyond the four focus countries and establishing key partnerships in Mali, Senegal, Benin, and the Democratic Republic of Congo. Requests from other donors and from USAID bilateral programs indicate that regional demand is high for technical assistance, tools, and approaches promoted by FHA-WCA. Family planning and HIV/AIDS prevention activities and integrated information, education, and communication (IEC) campaigns are now shared across the

region as partners recognize the economies of scale inherent in the adaptation and replication of proven successful approaches and the value added from regional networking and coordination, the creation and improvement of regional centers of excellence, and linking country programs through transnational issues.

FHA-WCA contributes to U.S. national interests in broad-based sustainable development by improving the health of the human resource base and reducing high rates of population growth in West and Central Africa (WCA). FHA-WCA contributes to USAID's agency-wide goal to stabilize world population and protect human health and supports specific agency objectives in the areas of family planning, child survival, and prevention of HIV/AIDS and other infectious diseases. U.S. Embassy Mission Performance Plans most directly associated with the program highlight goals of stabilizing population growth, decreasing infant and child morbidity and mortality, and preventing the spread of HIV/AIDS at the national and regional level. Recognizing the fluidity of populations and the strong socioeconomic links among countries in WCA, U.S. Embassies are becoming more squarely involved in HIV/AIDS as a matter of public diplomacy and are increasingly interested in expanded support for HIV/AIDS from FHA-WCA.

FY 2000 marks the last year of the first phase of the FHA-WCA program. In July 1999, the Africa Bureau extended the FHA-WCA activity to September 30, 2003, "to allow: 1) the strengthening and institutionalization of the FHA-WCA regional model; 2) the development of partnerships programs with USAID missions in the region, as appropriate; and 3) time for an evaluation of the current program and design of the future USAID-supported PHN activity in the context of the development of the USAID West Africa regional strategy." The continuation and expansion of regional approaches and collaboration under FHA-WCA directly supports achievement of SO2 under USAID's new West Africa Regional Program (WARP) and will allow USAID to continue its strategic leadership role in the improvement of reproductive health in the WCA region.

II. Results Review [Header: FHA-WCA SO1 (624-001-01)]

Strategic Objective: Increased Sustainable Use of Selected Regional Reproductive Health, HIV/AIDS-STI, and Child Survival Services and/or Products in WCA

FHA-WCA exceeded performance targets in FY1999. Social marketing of key health and family planning commodities, including condoms, other modern contraceptives, and oral rehydration salts, significantly surpassed targets set for FY1999. FHA-WCA can also demonstrate quantitative increases in the performance of African consultants, surpassing targets for FY1999, and in levels of donor resources mobilized in 1999. Demographic and Health Surveys in 1998 and 1999 indicate increases in use of services which directly correspond to the documented success in increasing access and demand, confirming that FHA-WCA support is contributing to the overall achievement of the SO and moving WCA closer to the long-term goals of improved health status and stabilized population growth.

Documented increases in use of family planning, child survival, and HIV/AIDS prevention services indicate that FHA-WCA is on track to achieve its strategic objective. The program has continued to improve access to and demand for modern contraceptives, ORS, and condoms for HIV/STI prevention through its support of social marketing and IEC activities. Efforts to increase service utilization empower women to make informed decisions regarding their reproductive health and promote images of male role models who cooperate with women both in the family and in the emphasizing that reproductive health is a joint responsibility. Reliance on African technical expertise within the program has continued to exceed targets and capacity-building of African partners is thus on track. Together with achievements in institutional capacity-building and donor mobilization, these trends demonstrate that FHA-WCA continues to make significant progress toward each of its three key IRs.

IR 1: Increased access to and demand for quality reproductive health, HIV/STI and child survival services and/or products in the WCA region

Family Planning/Reproductive Health: Couple-Years of Protection (CYP) generated by the program increased 14 percent over FY98 and exceeded FY99 targets. To achieve this result, FHA-WCA continued to support service delivery sites with contraceptives, essential equipment, training of service providers in multi-method family planning and contraceptive technology updates, and quality assurance initiatives. Social marketing sales of oral contraceptives (OC) continued to expand, with particularly strong public sector sales and the granting of government permission to advertise OCs by brand name in Togo and Cote d'Ivoire, and the number of outlets providing socially-marketed OC rose 109 percent over FY98 figures. During FY99, SFPS reinforced thirteen clinical training sites in the four program countries, focusing on provider training, facility renovation, provision of service delivery equipment, and community mobilization campaigns to build the client base.

FHA-WCA support continued to improve quality of reproductive health care through the promotion of infection prevention practices, interpersonal communication and counseling, facilitative supervision, and the Gold Circle Initiative, which has now certified 42 Gold Circle quality sites and has been so successful in Burkina Faso that the Ministry of Health is considering expanding it to all family planning sites in the country. An Omnibus study conducted at sites in Cameroon, Burkina Faso, and Togo shows that community-based activities combined with mass-media broadcasting increased the public's retention and comprehension of messages and influenced their decision to use

a Gold Circle site.

HIV/AIDS/STIs: FHA-WCA partners distributed over 50 million condoms through social marketing in the four program countries in FY99, a 16 percent increase over FY98, exceeding the FY99 target by 34 percent. Innovative HIV/AIDS activities supported by FHA-WCA include transnational prevention efforts along major traffic corridors, promotion of syndromic management of STDs in family planning clinics, mass media and community campaigns, and social marketing of condoms. Integrated behavior change and communication (BCC) programs funded with population, and child survival disease (CSD) account funds, such as the *Cles de la Vie* radio drama, are increasing knowledge of family planning and ORS as well as how to avoid HIV infection. *Wake-Up Africa!*, an HIV/AIDS prevention campaign using radio, television and community-based interventions, was broadcast on five television stations and 22 public and private radio stations, including the regional radio Africa No. 1. The program promotes messages of fidelity, abstinence, and condom use and motivates listeners to take responsibility to stop the spread of the disease and to be compassionate with those living with AIDS.

Support targeting mobile populations continued with the expansion of the regional migrant project “PSAMAO” (*Prevention du SIDA sur les Axes Migratoires de l’Afrique de l’Ouest*) supporting peer education activities with truckers, commercial sex workers, and seasonal workers in Burkina Faso, Cote d’Ivoire, and Togo. The successful PSAMAO/STIF bus passenger HIV sensitization campaign implemented in FY98 was replicated this year with another bus company, M.T. Transports, along the heavily traveled Abidjan/Bouake axis. Dialogue to expand the PSAMAO initiative to Benin was recently finalized with the development of an MOU between SFPS and PSI/Benin. Dialogue for expansion into Ghana and Mali is underway. The 1998 BSS among truckers in Cote d’Ivoire revealed that 99 percent had been exposed to at least one of the three PSAMAO mass media tools. The percentage reporting that they had ever used a condom increased to 73 percent from a 1997 baseline of 58 percent (KAP survey) while the proportion who declared having had sexual contact with someone other than their regular partner over the last twelve months decreased from 47 to 37 percent.

Child Survival: In FY99, over 2.5 million ORS sachets were distributed in program countries, more than doubling the total for FY98 and exceeding the FY99 target by 73 percent. Using child survival funds, distribution of the regional social marketing brand of ORS, Orasel, continues to exceed expectations. Sales increased in FY99 due to continued regional mass media campaigns, a ministerial decree in Burkina Faso allowing Orasel to be sold outside pharmacies, and dramatic increases in distribution outlets in Cote d’Ivoire and Togo. Although the brand’s overwhelming success led to restrictions on sales in Togo in order to avoid a stock-out, sales and number of outlets providing Orasel in WCA increased dramatically over the past year.

IR 2: Increased regional capacity for program development and implementation in WCA

FHA-WCA continues to actively support the development of technical experts, RAPIs, and national partners in the public and private sectors using both population and child survival funds. **In FY99, SFPS continued to rely on African expertise for program support by using 270 African consultant-weeks, exceeding the target by 35 percent.** Technical assistance to RAPIs in Senegal, Mali, Cote d’Ivoire, Cameroon, Burkina Faso, and Togo continues with increased emphasis on market research, strategic planning, preparation of grant proposals, and finance. Support during FY99 also included training in operations research and monitoring and evaluation.

FHA-WCA promotes strengthened institutional capacity in the region with national partners, including ministries of health and schools of public health in the four program countries as well as Benin and the Democratic Republic of Congo (DROC). Activities include training in operations research, establishing clinical training sites and IEC Working Groups, and adapting a generic regional family planning/reproductive health curriculum for use at the national level. To strengthen the capacity of national trainers in integrated IEC, training-of-trainers sessions were held in Togo, Cameroon, and Cote d'Ivoire, covering messages about family planning, HIV/AIDS, and effective ways to transmit information to clinic attendees and communities.

IR3: Increased collaborative use of resources available for health sector development in WCA

FHA-WCA and SFPS work closely with UNFPA, UNAIDS, the World Bank, KFW, UNICEF, and WHO. In FY99, new collaborative efforts were initiated with Dutch Embassy, CIDA, the EU, and French Cooperation. Donor partnerships have resulted in cost sharing for joint activities, transfers of funds to SFPS and to RAPIs, and provision of equipment and commodities for program activities. FHA-WCA and SFPS leveraged approximately \$12.5 million in FY99, up from \$6.0 million in FY98.

FHA-WCA recognizes the AFR and G Bureaus as key partners in mobilization and coordination of resources to complement efforts underway in WCA. In FY99, FHA-WCA leveraged \$1.2 million from G/PHN for contraceptives for Togo, Cameroon, and Cote d'Ivoire and approximately \$250,000 from AFR/SD for logistics management in WCA. Through grants to UNICEF and WHO, the AFR and G Bureaus have also supported polio eradication in WCA non-presence countries. In 1999, the Ministry of Health in Cote d'Ivoire reached nearly 3.8 million children 0-5 with polio vaccines exceeding their target of 3.3 million children.

Donor coordination highlights in FY99 include the development of the Regional HIV/AIDS Theme Group and agreement from the World Bank to purchase contraceptives for the IPPF-affiliate NGO in Cote d'Ivoire. With child survival and infectious disease resources from FHA-WCA and AFR/SD, and complementary support from UNICEF, the World Bank, and Plan International, a Maternal-Neonatal Health activity under JHPIEGO will be initiated this year in Burkina Faso.

Future Outlook

As the primary results package under WARP SO2, FHA-WCA will facilitate demand for and delivery of quality FP and other RH services, HIV/AIDS prevention strategies, and child survival services and products. At the institutional level, program impact will manifest itself through the existence of regional and national African institutions with increased managerial and technical capacity. In support of the above, FHA will invest in strengthened coordination and more efficient use of regional, national, and donor resources. Both FHA and SFPS will network in West and Central Africa to enhance south-to-south technical support and identify where and how successful SFPS and bilateral mission experiences and lessons learned can be effectively transferred. FHA will also work to create program opportunities in other non-presence countries.

Major Contractors and Grantees

FHA-WCA is implemented primarily through JHPIEGO Corp., John Hopkins University/Center for Communication Programs, Tulane University, and Population Services International, which together form the *Santé Familiale et Prévention du SIDA* (SFPS) project. Complementary field support in FY99 was provided through BASICS, AIDSMARK, POLICY, PHR, FPLM, IMPACT, AVSC, INTRAH/Prime and CLM/CCP.

STRATEGIC OBJECTIVE: Increased Use of Selected, Sustainable, Regional Reproductive Health, HIV/STI and Child Survival Services and/or Products in WCA Region

APPROVED: 02/09/1995

COUNTRY/ORGANIZATION: FHA-WCA

RESULT NAME: IR 1: Increased access to and demand for quality reproductive health, HIV/STI and child survival services and/or products in the WCA region

INDICATOR: Couple Years of Protection (CYP)

UNIT OF MEASURE: couple-year SOURCE: Service statistics from implementing agencies INDICATOR DESCRIPTION: An estimate of the protection against pregnancies provided by family planning services during a period of one year, based upon the volume of all contraceptives sold/distributed to clients during the fiscal year. CYP conversion factors are as follows: Condoms/VFTs – 120 per CYP; OCs – 15 cycles per CYP; IUD – 3.5 CYP per IUD; Depo Provera – 4 per CYP; Noristerat – 6 per CYP; NORPLANT – 3.5 CYP per device; NFP – 2 CYP per trained person; LAM – 0.25 CYP per user; diaphragm – 1 CYP per diaphragm; VSC – 8 CYP per procedure. COMMENTS: Errors in previously reported data have been detected and have been corrected. New procedures for ensuring accuracy are now in place. This explains the slight differences between this reporting period and previous for FY96 and FY97 CYP achievements.	YEAR	PLANNED	ACTUAL
	FY96	N/A	398,000
	FY97	467,000	468,241
	FY98	535,000	570,676
	FY99	605,000	648,845
	FY00	674,000	
	FY01		
	FY02		

STRATEGIC OBJECTIVE: Increased Use of Selected, Sustainable, Regional Reproductive Health, HIV/STI and Child Survival Services and/or Products in WCA Region

APPROVED: 02/09/1995

COUNTRY/ORGANIZATION: FHA-WCA

RESULT NAME: IR 1: Increased access to and demand for quality reproductive health, HIV/STI and child survival services and/or products in the WCA region

INDICATOR: Number of socially-marketed condoms distributed

UNIT OF MEASURE: millions of condoms SOURCE: Distribution statistics from implementing agencies INDICATOR DESCRIPTION: Number of condoms distributed in Cote d'Ivoire, Burkina Faso, Togo, Cameroon and Benin in the Fiscal Year COMMENTS: FY98 and FY99 figures do NOT include Benin as this activity is now being counted by USAID/Benin. Targets for FY00-FY02 will be adjusted/developed during FY2000. All figures rounded to nearest 100,000.	YEAR	PLANNED	ACTUAL
	FY96	32.6	32.6
	FY97	34.2	39.5
	FY98	35.9	43.1
	FY99	37.5	50.2
	FY00	39.1	
	FY01		
	FY02		

STRATEGIC OBJECTIVE: Increased Use of Selected, Sustainable, Regional Reproductive Health, HIV/STI and Child Survival Services and/or Products in WCA Region

APPROVED: 02/09/1995

COUNTRY/ORGANIZATION: FHA-WCA

RESULT NAME: IR 1: Increased access to and demand for quality reproductive health, HIV/STI and child survival services and/or products in the WCA region

INDICATOR: Number of ORS packets distributed

UNIT OF MEASURE: millions of ORS packets

SOURCE: Distribution statistics from implementing agencies

INDICATOR DESCRIPTION: Number of ORS packets distributed in Cote d'Ivoire, Burkina Faso, Togo, Cameroon, and Benin in the Fiscal Year

COMMENTS: Targets and actual distribution have been adjusted from FY98 forward to only include Cote d'Ivoire, Burkina Faso, Cameroon and Togo as USAID/Benin is counting the ORS sachets distributed there. Targets for FY2001-FY2002 will be developed in FY2000. All figures rounded to nearest 100,000.

YEAR	PLANNED	ACTUAL
FY96	1.2	1.1
FY97	1.9	2.3
FY98	0.8	1.1
FY99	1.5	2.6
FY00	2.0	
FY01		
FY02		

STRATEGIC OBJECTIVE: Increased Use of Selected, Sustainable, Regional Reproductive Health, HIV/STI and Child Survival Services and/or Products in WCA Region

APPROVED: 02/09/1995

COUNTRY/ORGANIZATION: FHA-WCA

RESULT NAME: Increased regional capacity for program development and implementation in the WCA region

INDICATOR: Number of technical consultant weeks provided by regionally-based African consultants

UNIT OF MEASURE: consultancy week

SOURCE: Database maintained by implementing partners

INDICATOR DESCRIPTION: Consultancy weeks performed by Africans for SFPS in the Fiscal Year

COMMENTS: Targets for FY2001-FY2002 will be developed during FY2000.

YEAR	PLANNED	ACTUAL
FY96	12	80
FY97	24	196
FY98	160	357
FY99	200	270
FY00	240	
FY01		
FY02		

III. Resource Request

USAID/FHA-WCA's budget planning levels for FY 2000, FY 2001 and FY 2002 are \$16.8, \$21.215 and \$25,323,313 million respectively and will be reflected under WARP resource planning. With the obligation and commitment of FY 1999 funds, FHA-WCA has nearly reached the \$69.0 million LOP ceiling authorized in January 1998. The FHA-WCA program pipeline remains low with expected levels of \$254,962, \$321,400 and \$380,878 in FY 2000, FY 2001 and FY 2002, respectively.¹

Overall funding to FHA-WCA increased 18.5 percent from FY99 to FY00. This increase, however, is carried predominantly by the HIV earmark which increased 105 percent over last fiscal year. The child survival earmark decreased 33 percent while population funds increased only 5 percent and infectious disease funds remained constant at \$500K per year.

With the increase in HIV funding, FHA-WCA is better placed to respond to USAID/Washington's directive to expand our HIV portfolio within the context of WARP SO 2. Population funds received will allow FHA-WCA to maintain current program momentum. Expansion and technical support for other bilateral mission family planning programs in the region will focus on networking, sharing of best practices and limited technical support for the replication and adaptation of existing tools and approaches.

The dramatic cut in child survival funds will limit FHA-WCA support for institutional capacity building/health systems development, the development of integrated IEC messages and the very successful Orasel campaign currently underway in the four program countries. FHA-WCA will work to maintain current program commitments with african partner institutions, both public and private sector, but will not be able to expand this effort at all in FY 2000. FHA-WCA has been able to set aside approximately \$200,000 for FY 2000 to implement a select number of activities from the USAID Regional Action Plans for EPI and IMCI, currently under development with BASICS. For significant support, however, on the regional level as called for by WARP SO 2, the child survival earmark will need to increase in FY 2001 and FY 2002. FHA-WCA requests that CS funding levels for FY 2001 return to the FY 1999 level (\$3,005 million) with an additional 15 percent increase (\$3,455,750).

Given infectious disease (ID) funding levels over the past two years, programming is somewhat limited. FHA-WCA has set aside \$100K of FY 2000 funding for BASICS in support of IMCI and is working with JHPIEGO to design and implement a maternal and neonatal health activity in one district in Burkina Faso. This activity has a significant focus on malaria and pregnancy. Lessons learned will be shared to add to the body of knowledge in the region regarding malaria and pregnancy, appropriate treatment protocols, standard treatment and impact on birth outcomes, and successful community mobilization campaigns for malaria treatment during pregnancy. Again, if FHA-WCA is expected to expand program efforts under infectious disease funding as per the regional mandate, this earmark will need to increase.

¹ Pipeline trends were established by applying the actual pipeline of FY98 as a percent of the total obligation to SFPS and the FHA Management Unit (2%) to FY00, FY01 and FY02 projected obligations to SFPS and FHA Management Unit.

FHA-WCA has had to make some difficult choices this year with respect to field support partners as a result of the limited increases across the board and the decrease in child survival funding. While we enjoyed the presence of eleven field support partners over the past two years, in FY 2000 we expect to work with five.

The attached resource tables outline 15 percent increases in pop, infectious disease and child survival funding (after return to the FY 1999 levels) and a 25 percent increase for HIV/AIDS for FY 2001 and FY 2002. Increases will enable FHA-WCA to maintain current program commitments, expand program support as per WARP SO 2 and will enable FHA-WCA to more effectively pursue regional partnerships in HIV/AIDS and child survival.

The FHA-WCA program continues to demonstrate positive program impact. The three-year extension will allow the program to build upon successes to date, identify and expand regional initiatives and build new and effective partnerships. AFR's commitment to this program and to a regional agenda are evident with the recent approval of WARP. In order to effectively respond to the broader responsibilities as outlined in WARP SO 2, it is imperative that resources increase accordingly.

Workforce

Current USAID/FHA-WCA program funded staff include: (1) US PSC as the Acting Program Manager, (2) Program Specialist, (3) Program Assistant, (4) Driver/Expeditior, (5) Clerk/Receptionist and (6) Janitor. FHA-WCA has recruited a reproductive health advisor through the Population Leaders Program, Institute of Public Health/Santa Cruz. The advisor is expected at post by mid-May 2000. The unit has requested a TAACS for the Senior Program Manager position. If the TAACS is approved in Washington, the US PSC position will be phased out. Otherwise, the Senior Program Manager will be recruited as a US PSC. Through USAID/Senegal, a TCN PSC Technical Director will be recruited sometime in the near future. In addition, a FSN Health Program Manager position, funded by FHA-WCA, will be established in the USAID/Senegal health office to work with the Chief of the Office of Population and Health to backstop FHA-WCA and WARP SO 2 activities.

ICASS

The FHA-WCA ICASS invoice increased from \$138,037 in FY99 to \$268,889 in FY00. The FHA-WCA Management Unit has reviewed the invoice and submitted a list of issues to both the ICASS Council and RBFO. FHA-WCA expects that the invoice will be adjusted to more accurately reflect the services provided to the unit. However, there are a number of costs that will be added to the invoice. These will include the cost of severance packages paid to ICASS employees who are being released from Embassy employment because of non performance (approximately \$393,000 among the agencies) and the addition of former USIA employees to ICASS next year. ICASS costs are pulled directly from our program resources and are generally a combination of earmarks.

Accessing Global Bureau Services Through Field Support and Buy-Ins

Objective Name	Field Support and Buy-Ins: Activity Title & Number	Priority *	Duration	Estimated Funding (\$000)			
				FY 2001		FY 2002	
				Obligated by:		Obligated by:	
				Operating Unit	Global Bureau	Operating Unit	Global Bureau
WARP/SO2	936-3089.01 Deliver (FPLM III JSI Follow on) - POP	Medium-high	2 years		211.55		243.29
	936-3089.01 Deliver (FPLM III JSI Follow on) - HIV	Medium-high	2 years		125.06		156.33
	936-3090.02 IMPACT Implementing AIDS Prevention and Control Act	High	2 years		1,500.03		1,875.03
	936-3057 CCP - Central Contraceptives Procurement - POP	High	2 years		149.48		171.90
	936-3057 CCP - Central Contraceptives Procurement - HIV	High	2 years		1,874.85		2,343.56
	936-3096 BASICS II (FLAGSHIP) - CHS	Medium-high	2 years		238.47		274.23
	936-3096 BASICS II (FLAGSHIP) - ID	Medium-high	2 years		115.00		132.25
	936-3092.01 Maternal and Neonatal Health - CHS	Medium-high	2 years		172.68		198.58
	936-3092.01 Maternal and Neonatal Health - ID	Medium-high	2 years		345.00		396.75
	936-3078.02 New Policy Results Package POLICY follow-on - POP	Medium-high	2 years		115.01		132.26
	936-3078.02 New Policy Results Package POLICY follow-on - HIV	Medium-high	2 years		125.06		156.33
GRAND TOTAL.....					4,972.19		6,080.52

* For Priorities use high, medium-high, medium, medium-low, low

FY 2000 Budget Request by Program/Country

Fiscal Year: 2000

Program/Country:

WARP S.O. #2

Approp:

Scenario:

S.O. #, Title 624-001-01 INCREASED SUSTAINABLE USE OF SELECTED REGIONAL REPRODUCTIVE HEALTH, HIV/AIDS/STI AND CHILD SURVIVAL SERVICES AND/OR PRODUCTS IN WEST AND CENTRAL AFRICA.

FY 2000 Request															
	Bilateral/ Field Spt	Total	Agri- culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival (*)	Infectious Diseases (*)	HIV/AIDS (*)	Health Promotion (**)	Environ	D/G	Est. S.O. Expendi- tures	Est. S.O. Pipeline End of FY2000
SO 1: Successful Democratic Transition Including Free and Fair Elections															
	Bilateral	12,848					6,486	1,762	100	4,500				12,591	257
	Field Spt	3,952					414	238	400	2,900				3,952	0
		16,800	0	0	0	0	6,900	2,000	500	7,400	0	0	0	16,543	257
SO 2: Successful Transition from Relief to Recovery Through a Community Reintegration Program															
	Bilateral														
	Field Spt														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 3:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 4:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 5:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 6:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		12,848	0	0	0	0	6,486	1,762	100	4,500	0	0	0	12,591	257
Total Field Support		3,952	0	0	0	0	414	238	400	2,900	0	0	0	3,952	0
TOTAL PROGRAM		16,800	0	0	0	0	6,900	2,000	500	7,400	0	0	0	16,543	257

FY 2000 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	16,800
Environment	0
Program ICASS	0
GCC (from all Goals)	0

FY 2000 Account Distribution (DA only)	
Dev. Assist Program	6,604
Dev. Assist ICASS	
Dev. Assist Total:	6,604
CSD Program	9,900
CSD ICASS	296
CSD Total:	10,196

Prepare one set of tables for each Fiscal Year (FY2000, FY2001, FY2002)

Prepare one set of tables for each appropriation Account

Tables for DA and CSD may be combined on one table.

For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account. (**) Health Promotion is normally funded from the CSD Account, although amounts for Victims of War/Victims of Torture are funded from the DA/DFA Account

FY 2001 Budget Request by Program/Country

Fiscal Year: 2001

Program/Country:

WARP S.O. #2

Approp:

Scenario:

S.O. #, Title 624-001-01 INCREASED SUSTAINABLE USE OF SELECTED REGIONAL REPRODUCTIVE HEALTH, HIV/AIDS/STI AND CHILD SURVIVAL SERVICES AND/OR PRODUCTS IN WEST AND CENTRAL AFRICA.

FY 2001 Request															
	Bilateral/ Field Spt	Total	Agri- culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival (*)	Infectious Diseases (*)	HIV/AIDS (*)	Health Promotion (**)	Environ	D/G	Est. S.O. Expendi- tures	Est. S.O. Pipeline End of FY2001
SO 1: Successful Democratic Transition Including Free and Fair Elections															
	Bilateral	15,918					7,459	3,044	115	5,625				15,918	324,856
	Field Spt	4,972					476	411	460	3,625				4,972	0
		20,890	0	0	0	0	7,935	3,455	575	9,250	0	0	0	20,890	324,856
SO 2: Successful Transition from Relief to Recovery Through a Community Reintegration Program															
	Bilateral														
	Field Spt														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 3:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 4:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 5:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 6:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		15,918	0	0	0	0	7,459	3,044	115	5,625	0	0	0	15,918	324,856
Total Field Support		4,972	0	0	0	0	476	411	460	3,625	0	0	0	4,972	0
TOTAL PROGRAM		20,890	0	0	0	0	7,935	3,455	575	9,250	0	0	0	20,890	324,856

FY 2001 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	21,215
Environment	0
Program ICASS	0
GCC (from all Goals)	0

FY 2001 Account Distribution (DA only)	
Dev. Assist Program	7,460
Dev. Assist ICASS	
Dev. Assist Total:	7,460
CSD Program	13,280
CSD ICASS	150
CSD Total:	13,430

Prepare one set of tables for each Fiscal Year (FY2000, FY2001, FY2002)

Prepare one set of tables for each appropriation Account

Tables for DA and CSD may be combined on one table.

For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account. (**) Health Promotion is normally funded from the CSD Account, although amounts for Victims of War/Victims of Torture are funded from the DA/DFA Account

FY 2002 Budget Request by Program/Country

Fiscal Year: 2002

Program/Country:

WARP S.O. #2

Approp:

Scenario:

S.O. #, Title 624-001-01 INCREASED SUSTAINABLE USE OF SELECTED REGIONAL REPRODUCTIVE HEALTH, HIV/AIDS/STI AND CHILD SURVIVAL SERVICES AND/OR PRODUCTS IN WEST AND CENTRAL AFRICA.

FY 2002 Request															
	Bilateral/ Field Spt	Total	Agri- culture	Other Economic Growth	Children's Basic Education (*)	Other HCD	Population	Child Survival (*)	Infectious Diseases (*)	HIV/AIDS (*)	Health Promotion (**)	Environ	D/G	Est. S.O. Expendi- tures	Est. S.O. Pipeline End of FY2002
SO 1: Successful Democratic Transition Including Free and Fair Elections															
	Bilateral	19,243					8,578	3,501	132	7,031				18,858	385
	Field Spt	6,081					547	473	529	4,531				6,081	0
		25,324	0	0	0	0	9,125	3,974	661	11,562	0	0	0	24,939	385
SO 2: Successful Transition from Relief to Recovery Through a Community Reintegration Program															
	Bilateral														
	Field Spt														
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 3:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 4:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 5:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 6:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 7:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
SO 8:															
	Bilateral	0													
	Field Spt	0													
		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Bilateral		19,243	0	0	0	0	8,578	3,501	132	7,031	0	0	0	18,858	385
Total Field Support		6,081	0	0	0	0	547	473	529	4,531	0	0	0	6,081	0
TOTAL PROGRAM		25,324	0	0	0	0	9,125	3,974	661	11,562	0	0	0	24,939	385

FY 2002 Request Agency Goal Totals	
Econ Growth	0
Democracy	0
HCD	0
PHN	25,322
Environment	0
Program ICASS	0
GCC (from all Goals)	0

FY 2002 Account Distribution (DA only)	
Dev. Assist Program	8,952
Dev. Assist ICASS	
Dev. Assist Total:	8,952
CSD Program	16,197
CSD ICASS	175
CSD Total:	16,372

Prepare one set of tables for each Fiscal Year (FY2000, FY2001, FY2002)

Prepare one set of tables for each appropriation Account

Tables for DA and CSD may be combined on one table.

For the DA/CSD Table, columns marked with (*) will be funded from the CSD Account. (**) Health Promotion is normally funded from the CSD Account, although amounts for Victims of War/Victims of Torture are funded from the DA/DFA Account

Workforce Tables

Org: WARP/SO2_____															
End of year On-Board								Total	Org.	Fin.	Admin.	Con-	All	Total	Total
FY 2000 Estimate		SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2	SO/SpO	Mgmt.	Mgmt	Mgmt	tract	Legal	Other
OE Funded: 1/															
U.S. Direct Hire															
Other U.S. Citizens															
FSN/TCN Direct Hire															
Other FSN/TCN															
Subtotal		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Program Funded 1/															
U.S. Citizens		0							0					0	0
FSNs/TCNs		6							6					0	6
Subtotal		6	0	0	0	0	0	0	6	0	0	0	0	0	6
Total Direct Workforce		6	0	0	0	0	0	0	6	0	0	0	0	0	6
TAACS		1							1					0	1
Fellows		1							1					0	1
IDIs									0					0	0
Subtotal		2	0	0	0	0	0	0	2	0	0	0	0	0	2
TOTAL WORKFORCE		8	0	0	0	0	0	0	8	0	0	0	0	0	8

Workforce Tables

Org: WARP/SO2																
End of year On-Board								Total	Org.	Fin.	Admin.	Con-	All		Total	Total
FY 2001 Target	SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2	SO/SpO	Mgmt.	Mgmt	Mgmt	tract	Legal	Other	Mgmt.	Staff
OE Funded: 1/																
U.S. Direct Hire								0							0	0
Other U.S. Citizens								0							0	0
FSN/TCN Direct Hire								0							0	0
Other FSN/TCN								0							0	0
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Program Funded 1/																
U.S. Citizens								0							0	0
FSNs/TCNs								6							0	6
Subtotal	6	0	0	0	0	0	0	6	0	0	0	0	0	0	0	6
Total Direct Workforce	6	0	0	0	0	0	0	6	0	0	0	0	0	0	0	6
TAACS								1							0	1
Fellows								1							0	1
IDIs								0							0	0
Subtotal	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	2
TOTAL WORKFORCE	8	0	0	0	0	0	0	8	0	0	0	0	0	0	0	8

Workforce Tables

Org: WARP/SO2_____									Total SO/SpO Staff							Total Mgmt.	Total Staff
End of year On-Board		SO 1	SO 2	SO 3	SO 4	SO 5	SpO1	SpO2		Org. Mgmt.	Fin. Mgmt	Admin. Mgmt	Con- tract	Legal	All Other		
FY 2002 Target																	
OE Funded: 1/																	
U.S. Direct Hire									0							0	0
Other U.S. Citizens									0							0	0
FSN/TCN Direct Hire									0							0	0
Other FSN/TCN									0							0	0
Subtotal		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Program Funded 1/																	
U.S. Citizens		0							0							0	0
FSNs/TCNs		6							6							0	6
Subtotal		6	0	0	0	0	0	0	6	0	0	0	0	0	0	0	6
Total Direct Workforce		6	0	0	0	0	0	0	6	0	0	0	0	0	0	0	6
TAACS		1							1							0	1
Fellows		1							1							0	1
IDIs									0							0	0
Subtotal		2	0	0	0	0	0	0	2	0	0	0	0	0	0	0	2
TOTAL WORKFORCE		8	0	0	0	0	0	0	8	0	0	0	0	0	0	0	8

USDH Staffing Requirements by Backstop, FY 2000 - FY 2003

Mission: WARP/SO2

Functional Backstop (BS)	Number of USDH Employees in Backstop in:			
	FY 2000	FY 2001	FY 2002	FY 2003
Senior Management				
SMG - 01	0	0	0	0
Program Management				
Program Mgt - 02	0		0	0
Project Dvpm Officer - 94	0		0	0
Support Management				
EXO - 03	0		0	0
Controller - 04	0		0	0
Legal - 85	0		0	0
Commodity Mgt. - 92	0		0	0
Contract Mgt. - 93	0		0	0
Secretary - 05 & 07	0		0	0
Sector Management				
Agriculture - 10 & 14	0		0	0
Economics - 11	0		0	0
Democracy - 12	0		0	0
Food for Peace - 15	0		0	0
Private Enterprise - 21	0		0	0
Engineering - 25	0		0	0
Environment - 40 & 75	0		0	0
Health/Pop. - 50	0		0	0
Education - 60	0		0	0
General Dvpm. - 12*	0		0	0
RUDO, UE-funded - 40	0		0	0
Total	0	0	0	0

***GDO - 12:** for the rare case where an officer manages activities in several technical areas, none of which predominate, e.g., the officer manages Democracy, Health, and Environment activities that are about equal. An officer who manages primarily Health activities with some Democracy and Environment activities would be a Health Officer, BS 50.

remaining **IDIs:** list under the Functional Backstop for the work they do.

Please e-mail this worksheet in Excel to: Maribeth Zankowski@HR.PPIM@aidw as well as include it with your R4 submission.

Organization: WARP SO2

Foreign National Voluntary Separation Account									
Action	FY 2000			FY 2001			FY 2002		
	OE	Program	Total	OE	Program	Total	OE	Program	Total
Deposits			0.0			0.0			0.0
Withdrawals			0.0			0.0			0.0

Local Currency Trust Funds - Regular			
	FY 2000	FY 2001	FY 2002
Balance Start of Year			
Obligations			
Deposits			
Balance End of Year	0.0	0.0	0.0

Exchange Rate _____

Local Currency Trust Funds - Real Property			
	FY 2000	FY 2001	FY 2002
Balance Start of Year			
Obligations			
Deposits			
Balance End of Year	0.0	0.0	0.0

Exchange Rate _____

Annex 1: Environmental Impact

The USAID/Family Health and AIDS—West and Central Africa program, approved in July 1995, received approval for a categorical exclusion as per 22 CFR 216.2©(2)(viii) in April 1995 for all program components that involve nutrition, health care or population and family planning services as well as training and technical assistance designed to improve planning, management and budgeting of the involved partner agencies. Activities involving the delivery of HIV/AIDS services received a negative determination as per 22 CFR 216.3(a)(2)(iii).

The Africa Bureau approved a three year extension for FHA-WCA in July 1999. Program activities under this extension will not change dramatically; although, FHA-WCA expects to add a component on maternal and neonatal health/essential obstetric care in Burkina Faso. Both the extension and this new component will require an amendment to the current IEE. This will need to be done immediately.

Annex 2: Strategic Objective Framework

